

	<p align="center"><b>Fayette County</b>  <b>Permits &amp; Inspections Department</b>          140 Stonewall Avenue West • Suite 201 • Fayetteville, GA 30214          Phone: 770-305-5403 Fax 770-305-5212          Web: <a href="http://www.fayettecountyga.gov/bldg_permits/info/bldg.asp">http://www.fayettecountyga.gov/bldg_permits/info/bldg.asp</a></p>	FOR DEPARTMENTAL USE ONLY
		PERMIT NO.:
		RECEIVED BY / DATE:
		PAGE 1 of 3
<h1 align="center">PROJECT REVISION PACKET</h1>		Revised 12/2013

PERMIT APPLICATIONS, PLANS AND/OR SUPPORTING DOCUMENTATION THAT ARE INCOMPLETE, ILLEGIBLE OR SUBMITTED IN ERASABLE MEDIA WILL NOT BE ACCEPTED. TYPE OR PRINT CLEARLY USING PERMANENT BLUE OR BLACK INK.

<b>FEES:</b>	<b>1. ORIGINAL PERMIT NUMBER:</b>	<b>2. SITE ADDRESS:</b>
Residential Revisions: \$25.00 Commercial Revisions: \$75.00		
<b>3. DESCRIPTION OF REVISION:</b>		
<b>4. INDICATE IF ANY BELOW WERE ADDED:</b>		
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> FUEL GAS <input type="checkbox"/> PLUMBING
<b>5. SQUARE FOOTAGES / BUILDING VALUATION OF THE REVISION:</b>		
ADDED - (HEATED) SPACE: _____		BUILDING VALUATION: \$ _____
ADDED - (UNHEATED) SPACE: _____		
<b>6. APPLICANT'S INFORMATION:</b>		
NAME:		ADDRESS:
CITY:	STATE:	ZIP:
PHONE:		CELL NUMBER:
<b>7. AUTHORIZED PERMIT AGENT INFORMATION: (IF NEW ONE ADDED OR CHANGED ONLY)</b>		
NAME:		
BUSINESS:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:		CELL NUMBER:

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT NOTES:

Plan Review Fees: \_\_\_\_\_  
 Additional Permit Fees: \_\_\_\_\_  
 Additional Sq.Ft. \_\_\_\_\_  
 Other Dept Approvals required: \_\_\_\_\_



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# STRUCTURE SPECIFICS

1. STRUCTURE INFORMATION:		INITIAL PLAN REVIEW: <input type="checkbox"/> YES <input type="checkbox"/> NO		REVISED PLANS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Length:	No. of Units:	No. of Bedrooms:	No. of Fireplaces:	Fire Sprinklers: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Width:	Stories:	No. of Bathrooms:	Comments:		
2. CHECK APPROPRIATE BOX FOR EACH CATEGORY:					
<b>FOUNDATIONS</b> <input type="checkbox"/> Full Basement <input type="checkbox"/> Partial Bsmt/Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Pier Column	<b>FIREPLACE</b> <input type="checkbox"/> Masonry <input type="checkbox"/> Pre-Fabricated <input type="checkbox"/> Masonry with Insert	<b>GARAGE</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None	<b>GENERATOR</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>POOL / SPA</b> <input type="checkbox"/> Above Ground <input type="checkbox"/> Gunite <input type="checkbox"/> Vinyl <input type="checkbox"/> Fiberglass	
<b>BASEMENT FINISH</b> <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partial Finish	<b>CHIMNEY</b> <input type="checkbox"/> Masonry <input type="checkbox"/> Pre-Fabricated	<b>PATIO</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SOLAR PANELS</b> <input type="checkbox"/> Roof Attached <input type="checkbox"/> Pole / Post Mounted	<b>SAUNA</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
<b>BARN / SHED</b> <input type="checkbox"/> Pole <input type="checkbox"/> Tool <input type="checkbox"/> Other _____	<b>SUNROOM</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>BONUS ROOM</b> <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<b>COMMERCIAL KITCHEN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>WATER FEATURE</b> <input type="checkbox"/> Waterfall / Fountain <input type="checkbox"/> Slide / Umbrella <input type="checkbox"/> Natural / Artificial	
<b>DECK / PORCH # 1</b>  SIZE: _____ <input type="checkbox"/> Covered <input type="checkbox"/> Open <input type="checkbox"/> Screened	<b>DECK # 1 – STRUC. MAT</b> <input type="checkbox"/> Wood <input type="checkbox"/> CMU / Masonry <input type="checkbox"/> Concrete – Pan / Built Up <input type="checkbox"/> Composite <input type="checkbox"/> Steel	<b>FOOTING</b> <input type="checkbox"/> Plain Concrete <input type="checkbox"/> Monolithic <input type="checkbox"/> Turndown <input type="checkbox"/> Pier Columns <input type="checkbox"/> Other _____	<b>FOUNDATION WALLS</b> <input type="checkbox"/> Concrete <input type="checkbox"/> CMU <input type="checkbox"/> Insul. Concrete Forms <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<b>ROOF FRAMING</b> <input type="checkbox"/> Wood Rafters <input type="checkbox"/> Wood Truss <input type="checkbox"/> Steel <input type="checkbox"/> Timber	
<b>DECK / PORCH # 2</b>  SIZE: _____ <input type="checkbox"/> Covered <input type="checkbox"/> Open <input type="checkbox"/> Screened	<b>DECK # 2 – STRUC. MAT</b> <input type="checkbox"/> Wood <input type="checkbox"/> CMU / Masonry <input type="checkbox"/> Concrete – Pan / Built Up <input type="checkbox"/> Composite <input type="checkbox"/> Steel	<b>FLOOR FRAMING</b> <input type="checkbox"/> Wood <input type="checkbox"/> TJI <input type="checkbox"/> Truss <input type="checkbox"/> Steel <input type="checkbox"/> Slab	<b>RETAINING WALLS</b> <input type="checkbox"/> Concrete <input type="checkbox"/> CMU <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<b>ROOF COVERING MATERIAL</b> <input type="checkbox"/> Composition Asphalt <input type="checkbox"/> Metal <input type="checkbox"/> Clay Tile <input type="checkbox"/> Bitumen / Built - Up <input type="checkbox"/> Wood Shingles/ Shakes	
<b>DECK / PORCH # 3</b>  SIZE: _____ <input type="checkbox"/> Covered <input type="checkbox"/> Open <input type="checkbox"/> Screened	<b>DECK # 3 – STRUC. MAT</b> <input type="checkbox"/> Wood <input type="checkbox"/> CMU / Masonry <input type="checkbox"/> Concrete – Pan / Built Up <input type="checkbox"/> Composite <input type="checkbox"/> Steel	<b>FINISHED FLOOR</b> <input type="checkbox"/> Carpet <input type="checkbox"/> Cement <input type="checkbox"/> Wood <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Vinyl	<b>WINDOW SASH</b> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Wood Insulated <input type="checkbox"/> Metal Insulated <input type="checkbox"/> Vinyl Insulated	<b>WALL FRAMING</b> <input type="checkbox"/> Wood Stud <input type="checkbox"/> Metal Stud <input type="checkbox"/> CMU <input type="checkbox"/> Insul. Concrete Forms <input type="checkbox"/> Steel	
<b>EXTERIOR WALL PRIMARY COVERING</b> <input type="checkbox"/> Brick / Stone / Rock <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum / Vinyl Siding <input type="checkbox"/> Hardi-Plank / Board <input type="checkbox"/> Stucco / EIFS <input type="checkbox"/> Metal	<b>EXTERIOR WALL SECONDARY COVERING</b> <input type="checkbox"/> Brick / Stone / Rock <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum / Vinyl Siding <input type="checkbox"/> Hardi-Plank / Board <input type="checkbox"/> Stucco / EIFS <input type="checkbox"/> Metal	<b>HEATING SYSTEM # 1</b> <input type="checkbox"/> Is all Equip. & Ducts located 100% in Thermal Envelope? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Heat Pump <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler	<b>HEATING SYSTEM # 2</b> <input type="checkbox"/> Is all Equip. & Ducts located 100% in Thermal Envelope? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Heat Pump <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler	<b>HEATING SOURCE</b> <input type="checkbox"/> Electric <input type="checkbox"/> Natural / LP Gas <input type="checkbox"/> Geothermal <input type="checkbox"/> Other _____	
<b>WASTE DISPOSAL</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Sewer	<b>WATER SOURCE</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)	<b>WATER HEATING SYS#1</b> <input type="checkbox"/> Tank <input type="checkbox"/> Tank with Circ. Pump <input type="checkbox"/> Tankless <input type="checkbox"/> Tankless w/Circ. Pump	<b>WATER HEATING SYS#2</b> <input type="checkbox"/> Tank <input type="checkbox"/> Tank with Circ. Pump <input type="checkbox"/> Tankless <input type="checkbox"/> Tankless w/Circ. Pump	<b>WATER HTG SOURCE</b> <input type="checkbox"/> Electric <input type="checkbox"/> Natural / LP Gas <input type="checkbox"/> Geothermal <input type="checkbox"/> Passive Solar	
<b>ELECTRICAL UTILITY</b> <input type="checkbox"/> Georgia Power <input type="checkbox"/> Coweta / Fayette EMC	<b>ELECTRICAL SVC. SIZE</b> <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 175 <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 300 <input type="checkbox"/> 350 <input type="checkbox"/> 400 <input type="checkbox"/> 450 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 800 _____	<b>ATTIC INSULATION</b> <input type="checkbox"/> BATT <input type="checkbox"/> BATT/ Foam Board <input type="checkbox"/> Blown <input type="checkbox"/> Open / Closed Cell <input type="checkbox"/> Blanket <input type="checkbox"/> Foam Board	<b>WALL INSULATION</b> <input type="checkbox"/> BATT <input type="checkbox"/> BATT/ Foam Board <input type="checkbox"/> Blown <input type="checkbox"/> Open / Closed Cell <input type="checkbox"/> Blanket <input type="checkbox"/> Foam Board	<b>FLOOR INSULATION</b> <input type="checkbox"/> BATT <input type="checkbox"/> BATT/ Foam Board <input type="checkbox"/> Open / Closed Cell <input type="checkbox"/> Blanket <input type="checkbox"/> Foam Board	
<b>VAULTED CEILING # 1 INSULATION</b> Insulation RValue _____ <input type="checkbox"/> BATT <input type="checkbox"/> BATT/ Foam Board <input type="checkbox"/> Foam Board <input type="checkbox"/> Open / Closed Cell <input type="checkbox"/> Blanket	<b>VAULTED CEILING # 2 INSULATION</b> Insulation RValue _____ <input type="checkbox"/> BATT <input type="checkbox"/> BATT/ Foam Board <input type="checkbox"/> Foam Board <input type="checkbox"/> Open / Closed Cell <input type="checkbox"/> Blanket	<b>BASEMENT WALL INSULATION</b> <input type="checkbox"/> BATT <input type="checkbox"/> BATT/ Foam Board <input type="checkbox"/> Foam Board <input type="checkbox"/> Open / Closed Cell <input type="checkbox"/> Blanket <input type="checkbox"/> Blown	<b>CRAWLSPACE WALL / FLOOR</b> <input type="checkbox"/> Foam Board / Poly <input type="checkbox"/> Open-Closed Cell / Poly <input type="checkbox"/> Blanket / Poly <input type="checkbox"/> Poly only on grade w / ventilation	<b>SHOWER PAN / LINER #1</b> <input type="checkbox"/> Tile <input type="checkbox"/> Pre-Fabricated  <b>SHOWER PAN / LINER #2</b> <input type="checkbox"/> Tile <input type="checkbox"/> Pre-Fabricated	

Rev1, Rev2, Rev3, Rev4, Rev5, Rev6, Rev7

INSPEC. TYPE	IVR #	REQ.	INSPEC. TYPE	IVR #	REQ.
Batterboards – Env. Mgmt	-----		Z - Rough Plumbing– Partial	426	
Batterboards – P&Z	-----		Z – Shower Liner Test	435	
Z - Temp. Pole	201		Z – Shower Liner Test - Partial	436	
Z - Footing	102				
Z - Footing– Partial	103				
Z - Footing – Pier/Col.	106		Z - Anchorbolt	150	
Z - Footing – Pier/Col.– Partial	107		Z - Anchorbolt– Partial	151	
Z - Wall Foundation	110		Z - Engineering Designs Required	-----	
Z - Wall Foundation– Partial	111		Z - Exterior Structural Frame	154	
Z - Wall Retaining	114		Z - Exterior Structural Frame– Partial	155	
Z - Wall Retaining– Partial	115		Z - Framing	158	
Z - Ditch C/U Electric	204		Z - Framing– Partial	159	
Z - Ditch C/U Electric– Partial	205		Z - Insulation	162	
Z - Ditch C/U Gasline	302		Z - Insulation– Partial	163	
Z - Ditch C/U Gasline– Partial	303		Z – Rough Bldg Env. Tightness	165	
Z - Ditch C/U Geothermal	306		80% Fire Marshal	-----	
Z - Ditch C/U Geothermal - Partial	307		Z - Release Electric	241	
Z - Ditch C/U Plumbing	402		Z – Release Gas	331	
Z - Ditch C/U Plumbing– Partial	403		Z - Final – Gen./Xfer Switch	243	
Z - Slab Pan	118		Z – Final Smoke / Carbon Alarm	245	
Z - Slab Pan– Partial	119		Z - Final Electric	248	
Z - Slab Plumbing	406		Z - Final Electric– Partial	249	
Z - Slab Plumbing– Partial	407		Z – Final Low Voltage	252	
Z - Slab Plumbing BSMT	410		Z – Final Low Voltage– Partial	253	
Z - Slab Plumbing BSMT– Partial	411		Z - Septic Tank Pump	239	
Z - Slab Electric	208		Z - Final Heat	327	
Z - Slab Electric– Partial	209		Z - Final Heat– Partial	328	
Z - Slab Electric BSMT	212		Z - Final Plumbing	429	
Z - Slab Electric BSMT– Partial	213		Z - Final Plumbing– Partial	430	
Z - Slab BSMT	122		Final – Env. Mgmt	-----	
Z - Slab BSMT – Partial	123		Final – P&Z	-----	
Z - Slab Mono	126		100% Fire Marshal	-----	
Z - Slab Mono– Partial	127		Z – Duct Tightness Test	167	
Z - Slab Garage	130		Z – Final Bldg Env. Tightness	169	
Z - Slab Garage– Partial	131		Z - Final Building	172	
Z - Slab Built Up	134		Z - Final Building– Partial	173	
Z - Slab Built Up– Partial	135		Plumbing – Pool	500	
Z - Slab Built Up -Porch	138		Mechanical – Pool	501	
Z - Slab Built Up -Porch – Partial	139		Grounding – Pool	502	
Z - DampProof	142		Niche – Pool	503	
Z - DampProof– Partial	143		Final – Pool	504	
Z – Grounding / Bonding	216		Z – Deck/Felt/Flashing	176	
Z – Grounding / Bonding - Partial	217		Z – Deck/Felt/Flashing - Partial	177	
Survey – Foundation	-----		Z - Svc.Chg – HVAC	330	
Z - Ceiling Cavity C/U	146		Z - Svc.Chg – Water Heater	432	
Z - Ceiling Cavity C/U – Partial	147		Z - Svc.Chg – Electric	255	
Z - Wall C/U Electric	220		Z - Svc.Upgrade – Electric	257	
Z - Wall C/U Electric– Partial	221		Z - Svc.New – Electric	259	
Z - Ceiling C/U Electric	224		Electric Lights – ON	261	
Z - Ceiling C/U Electric– Partial	225		Electric Lights - OFF	262	
Z - Rough Electric	228		Hold – Fire Marshal	-----	
Z - Rough Electric– Partial	229		Hold – Env. Mgmt	-----	
Z – Rough Low Voltage	232		Hold – P&Z	-----	
Z – Rough Low Voltage - Partial	233		Hold – Env. Health	-----	
Z - Rough – Gen./Xfer Switch	235		Hold – Fire Marshal	-----	
Z – Rough Smoke / Carbon Alarm	237		Hold – COF Final	-----	
Z - Wall C/U Heat	310		Hold – Bldg	-----	
Z - Wall C/U Heat– Partial	311		Site Verification – Demo / Terminate	178	
Z - Ceiling C/U Heat	314		Site Verification – Pers. Care	179	
Z - Ceiling C/U Heat– Partial	315		Site Verification - Disaster	180	
Z - Rough Heat	318		Pre-Move-In	181	
Z - Rough Heat– Partial	319		Z - Special Inspection Required	-----	
Z - Gasline	321		Deferred Submittal Required	-----	
Z - Fireplace	323		Final – Manf/Mobile	600	
Z - Waterline (Commercial)	412		Final Pier Blocks – Manf/Mobile	601	
Sewer	414		Final Tie Down – Manf/Mobile	602	
Z - Wall C/U Plumbing	417		Final Site Prep. – Manf/Mobile	603	
Z - Wall C/U Plumbing– Partial	418		Final Electric – Manf/Mobile	604	
Z - Ceiling C/U Plumbing	421		Final HVAC – Manf/Mobile	605	
Z - Ceiling C/U Plumbing– Partial	422		Final Plumbing – Manf/Mobile	606	
Z - Rough Plumbing	425		Final Gas - Manf/Mobile	607	